

**CHRISTOPHER WAYNE LESTER**

**12 OF 14**



**STYLE OF CASE:** Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

**CASE NO:** C-1-01-428

**PERTAIN TO:** Christopher Wayne Lester

**FROM:** Eye & Ear Clinic Physicians, Inc.  
1306 Kanawha Blvd. East  
Charleston, WV 25301  
(304) 343-4371

**DELIVER TO:** Mr. Phillip J. Smith  
VORYS, SATER, SEYMOUR & PEASE, LLP  
Atrium Two, Suite 2100  
221 East Fourth Street  
Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500688110-0001  
THROUGH 500688110-0006.

THE MARKER-HOFF GROUP, INC

13105 NORTHWEST FREEWAY SUITE 300 HOUSTON TEXAS 77040 (T) 713 460 9070 (F) 713 460 6519 800 264 9070

WWW.MARKER-HOFF.COM

Case No. C-1-01-428

Michael W. Harris

: Southern District Court

vs.

: County of Hamilton

Purdue Pharma L.P., et al

: State of Ohio

Records pertaining to: Christopher Lester

Custodian of Records For: Eye, Ear, Nose &amp; Throat Physicians of Charleston, Inc.

I have conducted a thorough search of our files for the requested records, including but not limited to: patient intake forms and health questionnaires, and/or consent forms, and/or physical examination records, and/or x-rays, and/or pathology slides and/or blocks, and/or all nurses notes and physicians notes, and/or treatment records and reports, and/or prescription records, and/or third-party consultation records, and/or records of treatment at hospitals and other health care providers, and/or test results from outside laboratories, and/or itemized billing records, and/or insurance claims forms, and/or personnel records and/or payroll records, and/or academic records, and/or correspondence.

I certify that nothing has been removed from the original file before releasing copies of these records or the originals. The records I am releasing are the original records or exact duplicates of the original records and include each and every record contained in the file on the above-named individual.

Jean Barth  
AFFIANT

Karen M. Kiser, R.N., C.C.S.  
WITNESS

08-04-03  
DATE



DAVID A. PHILLIPS, M.D.  
**EYE & EAR CLINIC PHYSICIANS, INC.**  
Adult & Pediatric Otolaryngology / Head & Neck Surgery

March 14, 2000

Marsha Bailey, M.D.  
1418 MacCorkle Avenue, SW  
Suite C  
Charleston, WV 25303

RE: Christopher W. Lester  
BD: [REDACTED]/71

Dear Dr. Bailey:

Thank you for the referral of Christopher Lester. He presented on 03/14/00 for evaluation of his ears. He reported continued difficulty with headache, mild ear pain, drainage and dizziness after falling off a truck and striking his head on 03/10/00. At the time of this visit he denied any significant pain, drainage or hearing loss but report slight dizziness and unsteadiness.

On physical exam he had normal auricles, external canals and normal tympanic membranes. There is no evidence of external canal or tympanic membrane laceration and no signs of middle ear fluid or blood. There was no tenderness or bruising posterior to the auricle over the mastoids suggestive of a temporal bone fracture. He had no nystagmus and no facial weakness and on audiologic testing he had normal sloping to a mild to moderate high frequency sensorineural hearing loss with symmetric speech discrimination. His test was of somewhat poor reliability but otoacoustic emission testing was normal bilaterally confirming normal cochlear function.

Thus, I counseled him that I saw no signs of temporal bone injury based upon his normal audiologic testing, normal facial nerve function and no signs of nystagmus to suggest vestibular nerve injury. I reassured him regarding his normal physical exam and did not suggest any further evaluation. He will follow up with me as needed.

Again, thank you for the referral and allowing me to participate in his care.

Sincerely,

David A. Phillips, M.D.  
DAP:

1306 Kanawha Blvd., East • P.O. Box 3107 • Charleston, WV 25331  
304/343-4371 • 1-800-642-3049 (WV) • 304/353-0215 (FAX)

500688.110.0001

**DAVID A. PHILLIPS, M.D.**  
**OTOLARYNGOLOGY, HEAD & NECK SURGERY**

EYE, EAR, NOSE & THROAT PHYSICIANS & SURGEONS OF CHARLESTON, INC.  
1306 KANAWHA BOULEVARD, EAST  
CHARLESTON, WEST VIRGINIA 25301  
304-343-4371 OR 1-800-642-3049

Account Number 197624 Date 03/14/00 S.S. ██████████-3840

Patient Christopher W. Lenter DOB 1/71 Sex M Age 28

Address PO Box 1113 Phone (H) 369-6657 (O)

Danielle, WV 25053 Referred by Marsha Bailey, MD

Parent or Spouse \_\_\_\_\_ Location C( ) B( ) CV( ) TV( )

Occupation Denim Trunking Corp. Insurance 02 WIC

**CHIEF COMPLAINT:**

**PRESENT HISTORY:**

28yom w/hx fell off truck 3/10/00 5:15AM Prentiss  
hit head + shoulder. + hit head on fuel tank.

Lost consciousness off for 10x.

Had vomiting

Otalgia, AS

Clear otitis media, AM

H/A, w/v, hearing loss?, AD

Balance is off.

mild drowsiness

hard to focus eyes.

Social hx

Tobacco

EO TSH

otalgia otitis ⊕ blurry vision

headache since accidents

OPERATIONS: 1987- motorcycle accident - cerebral concussion

1994 - T10, T11, compression fracture back

OTHER HOSPITALIZATIONS 0 Family hx

Bleeding History 0

MEDICAL HTN (-) DM (-) MI (+) ANGINA (-) STROKE (-) Lung (+)

Asthma as child

Medications 0 Allergies NKA

**EYE & EAR CLINIC PHYSICIANS, INC.**  
1308 Kanawha Boulevard, East, Charleston, WV 25301 • 303-4371

REFERRING PHYSICIAN

R. AUSTIN WALLACE, M.D.

ROBERT E. POLLARD, M.D.

DAVID A. PHILLIPS, M.D.

NAME: Christopher Lester

EXAMINER

IN-PATIENT

AUDIOMETER

DATE: 3-14-00

TEST RELIABILITY

fair to poor

## AUDIOLOGICAL EVALUATION

SPEECH AUDIOMETRY

Speech Reception Threshold (SRT)

Right Ear	Left Ear
15	15

Stimulus: Speech Decibels (S.D.)

1. Right	2. Left
50	50

O.E.M.

1. Right	2. Left
50	50

O.E.M.

1. Right	2. Left
50	50

O.E.M.

1. Right	2. Left
50	50

O.E.M.

1. Right	2. Left
50	50

O.E.M.

1. Right	2. Left
50	50

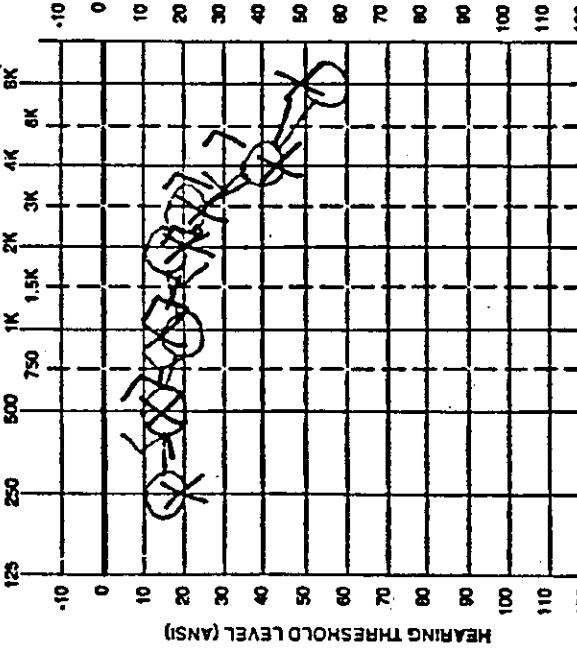
O.E.M.

1. Right	2. Left
50	50

O.E.M.

1. Right	2. Left
50	50

O.E.M.

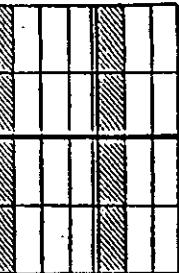


Remarks:

Christopher Lester's thresholds increased after OAE testing.

Recommendations:

Christopher Lester's thresholds increased after OAE testing. It is possible to check reliability.



P = Present

A = Absent

STIMULUS

RIGHT

LEFT

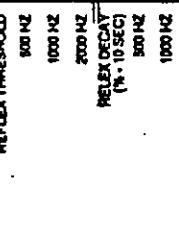
UPRIGHT

DOWNRIGHT

DOWNLEFT

UPLEFT

UPRIGHT



P = Present

A = Absent

STIMULUS

RIGHT

LEFT

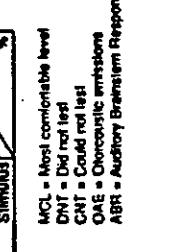
UPRIGHT

DOWNRIGHT

DOWNLEFT

UPLEFT

UPRIGHT



P = Present

A = Absent

STIMULUS

RIGHT

LEFT

UPRIGHT

DOWNRIGHT

DOWNLEFT

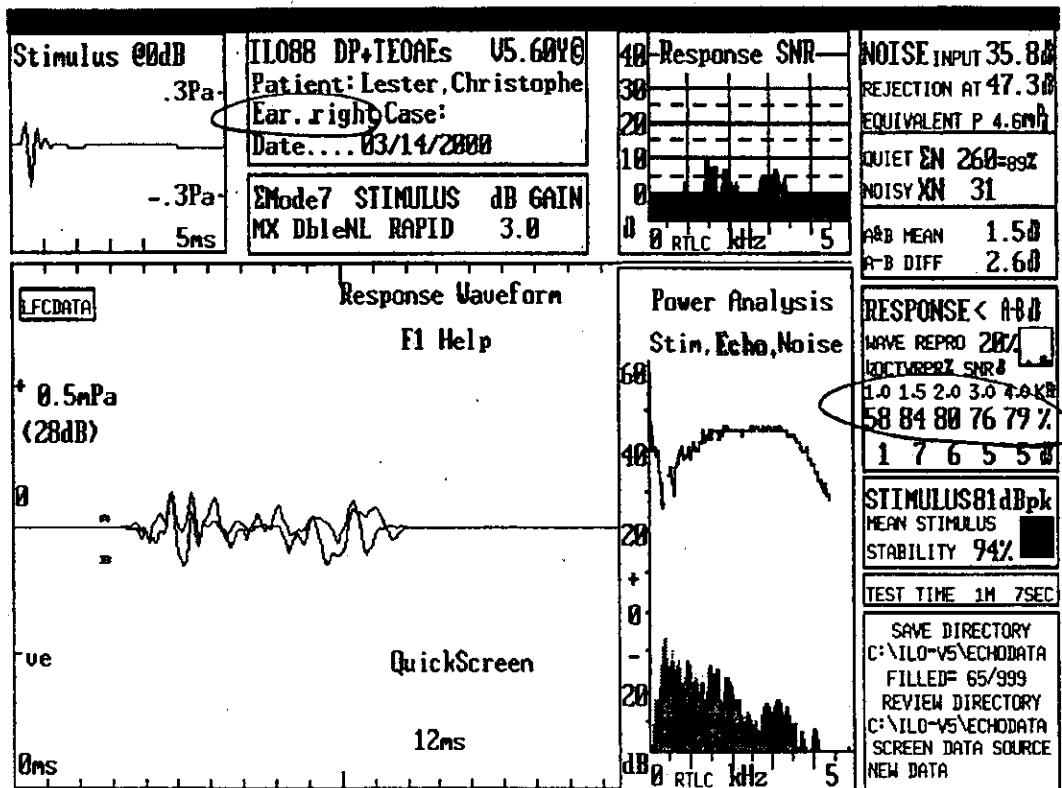
UPLEFT

UPRIGHT

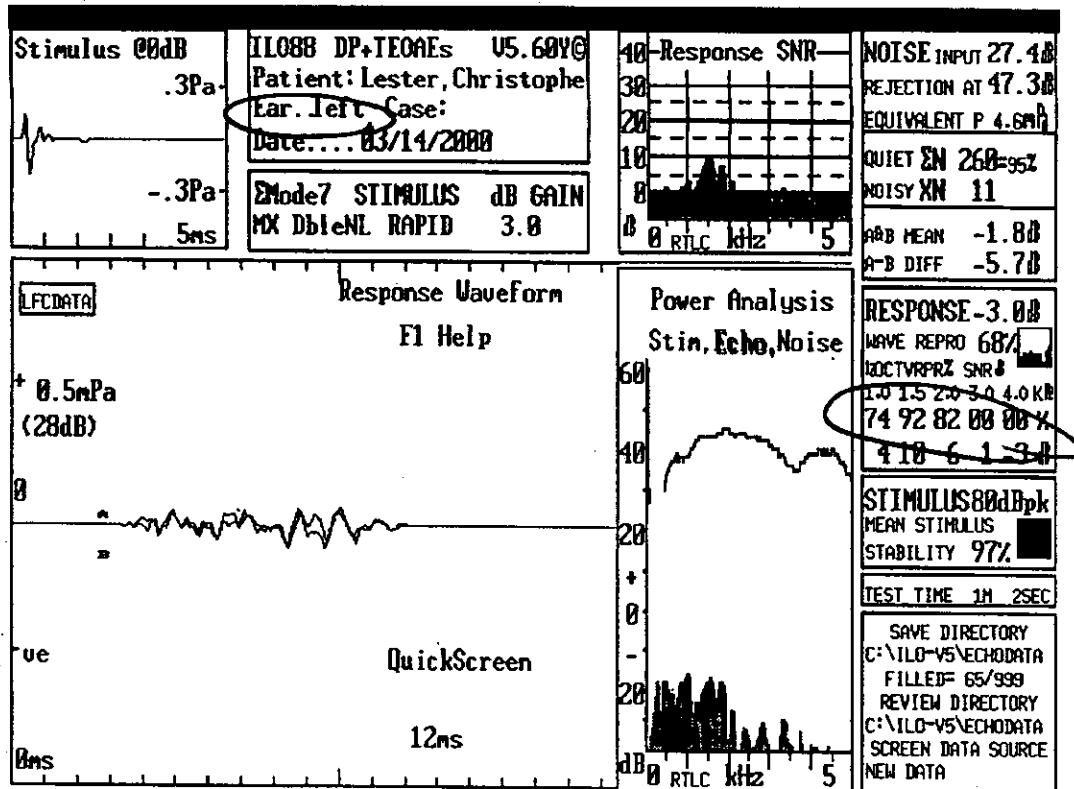
Acoustic Findings:

Normal to moderate pain.

Attaching Date results.



Pass - indicates normal cochlear function AD



Pass - indicates normal cochlear function 1000 - 2000 Hz AS

LOCATION CODES	DOCTOR CODES
F = EYE & EAR CLINIC PHY	19 DAVID A PHILLIPS, MD
EYE & EAR CLINIC PHYSICIANS, INC.	
PO BOX 3107	29 DAVID A PHILLIPS, MD
CHARLESTON, WV 25331	39 DAVID A PHILLIPS, MD
PHONE: (304)343-4371	
TAX ID: 550633870	

ITEMIZED STATEMENT FOR ACCT # 197624

PAGE: 1

CHRISTOPHER W LESTER  
 POST OFFICE BOX 1113  
 DANVILLE, WV 25053

DATE	DR	PATIENT	LOC	CPT-4 CODE AND DESCRIPTION	DIAGNOSIS	AMOUNT
====	==	=====	==	=====	=====	=====
03/14/00	19	CHRISTOPHERFW	99242	INITIAL CONSULT INTERMED	389.18	115.00
04/28/00	19	CHRISTOPHERFW		WRK.COMP.PMT/	389.18	(97.71)
04/28/00	19	CHRISTOPHERFW		WORK COMP ADJUSTMENT	389.18	(17.29)
03/14/00	19	CHRISTOPHERFW	92557	BASIC COMPR AUDIOMETRY	780.4	100.00
04/28/00	19	CHRISTOPHERFW		WRK.COMP.PMT/	780.4	(63.92)
04/28/00	19	CHRISTOPHERFW		CLN PROFF ADJUSTMENT	780.4	(36.08)
03/14/00	19	CHRISTOPHERFW	92587	OTOACOUSTIC EMISSION LTD	780.4	70.00
04/28/00	19	CHRISTOPHERFW		WRK.COMP.PMT/	780.4	(70.00)

TOTAL CHARGES-----	285.00
TOTAL ADJUSTMENTS--	(53.37)
TOTAL PAYMENTS-----	(231.63)
TOTAL OF DETAIL----	0.00

500688.110.0006



**STYLE OF CASE:** Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

**CASE NO:** C-1-01-428

**PERTAIN TO:** Christopher Wayne Lester

**FROM:** Day Surgery Center  
4407 MacCorkle Avenue SE  
Charleston, WV 25364  
(304) 925-3535

**DELIVER TO:** Mr. Phillip J. Smith  
VORYS, SATTER, SEYMOUR & PEASE, LLP  
Atrium Two, Suite 2100  
221 East Fourth Street  
Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500688048-0001  
THROUGH 500688048-0003.

THE MARKER-HOFF GROUP, INC

13105 NORTHWEST FREEWAY SUITE 300 HOUSTON TEXAS 77040 (T) 713 460 9070 (F) 713 460 6519 800 264 9070

WWW.MARKER-HOFF.COM

## Case No. C-1-01-428

Michael W. Harris : Southern District Court  
vs. : County of Hamilton  
Purdue Pharma L.P., et al : State of Ohio

---

Records pertaining to: Christopher Lester

Custodian of Records For: Day Surgery Center- Medical and Billing records

I have conducted a thorough search of our files for the requested records, including but not limited to: patient intake forms and health questionnaires, and/or consent forms, and/or physical examination records, and/or x-rays, and/or pathology slides and/or blocks, and/or all nurses notes and physicians notes, and/or treatment records and reports, and/or prescription records, and/or third-party consultation records, and/or records of treatment at hospitals and other health care providers, and/or test results from outside laboratories, and/or itemized billing records, and/or insurance claims forms, and/or personnel records and/or payroll records, and/or academic records, and/or correspondence.

I certify that nothing has been removed from the original file before releasing copies of these records or the originals. The records I am releasing are the original records or exact duplicates of the original records and include each and every record contained in the file on the above-named individual.

Keith Ann Hainer  
APPELLANT  
Debra L. Watson  
WITNESS

Aug 26, 2003  
DATE

## Patient Ledger History - Detail

DAY SURGERY CENTER  
4701 MACCORKLE AVENUE SE  
CHARLESTON, WV 25364  
(304) 352-6646

Page: 1  
08/26/03  
4:55:02 PM

CHRISTOPHER LESTER (3687)  
P.O. BOX 1113

DANVILLE, WV 25053  
(304) 369-6657

Billing message: No message assigned

Trans date	Post date	Facility	Proc/jnl qc	Procedure / journal description	DX1	Provider	Amount	Due
05/16/01	08/21/01	DAY	WCOMP	Workers Compensation		SALDANH	157.00	0.00
05/16/01	08/21/01	DAY	WCOMP	Workers Compensation		SALDANH	314.60	0.00
05/16/01	08/21/01	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	293.00	0.00
05/16/01	08/21/01	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	445.40	0.00
05/16/01	05/17/01	DAY	64476	INJECTION, ANESTHETIC AGENT; 847.0		SALDANH	450.00	0.00
05/16/01	05/17/01	DAY	64475	INJECTION, ANESTHETIC AGENT; 847.0		SALDANH	760.00	0.00
06/20/01	07/26/01	DAY	WCOMP	Workers Compensation		SALDANH	157.00	0.00
06/20/01	07/26/01	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	293.00	0.00
06/20/01	07/26/01	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	445.40	0.00
06/20/01	07/26/01	DAY	WCOMP	Workers Compensation		SALDANH	314.60	0.00
06/20/01	06/21/01	DAY	64475	INJECTION, ANESTHETIC AGENT; 847.0		SALDANH	760.00	0.00
06/20/01	06/21/01	DAY	64476	INJECTION, ANESTHETIC AGENT; 847.0		SALDANH	450.00	0.00
04/15/02	07/16/02	DAY	WCOMP	Workers Compensation		SALDANH	315.00	0.00
04/15/02	07/16/02	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	445.00	0.00
04/15/02	07/16/02	DAY	WCOMP	Workers Compensation		SALDANH	157.00	0.00
04/15/02	07/16/02	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	293.00	0.00
04/29/02	04/30/02	DAY	64476	INJECTION, ANESTHETIC AGENT; 847.0		SALDANH	450.00	0.00
04/29/02	04/30/02	DAY	64475	INJECTION, ANESTHETIC AGENT; 847.0		SALDANH	760.00	0.00
06/05/02	06/27/02	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	293.00	0.00
06/05/02	06/27/02	DAY	WCOMP	Workers Compensation		SALDANH	315.00	0.00
06/05/02	06/27/02	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	445.00	0.00
06/05/02	06/27/02	DAY	WCOMP	Workers Compensation		SALDANH	157.00	0.00
06/11/02	06/12/02	DAY	64475	INJECTION, ANESTHETIC AGENT; 847.0		SALDANH	760.00	0.00
06/11/02	06/12/02	DAY	64476	INJECTION, ANESTHETIC AGENT; 847.0		SALDANH	450.00	0.00
11/07/02	11/13/02	DAY	64476	INJECTION, ANESTHETIC AGENT; 847.0		SALDANH	450.00	0.00
11/07/02	11/13/02	DAY	64475	INJECTION, ANESTHETIC AGENT; 847.0		SALDANH	760.00	0.00

Totals:      Charge: 6,050.00  
                  Payment: 1,887.20      CP: 0.00  
                  Writeoff: 2,952.80      CW: 0.00  
Patient bal: 0  
Account bal: 0

Record of "Facility"  
Changes.

No Charge  
for this

This is the  
only thing we  
have on day surgery  
Side. Everything else  
is in his chart  
at Dr. Saldanha's  
office (CPMC)

500688.048.0001

08/27/2003 07:40 FAX 304 925 3662

CHARLESTON PAIN MGT

003/003

Patient Ledger History - Detail

CHARLESTON PAIN MANAGEMENT  
 4407 MACCORKLE AVENUE SE  
 CHARLESTON, WV 25364  
 (304) 925-3535

Page: 1  
 08/27/03  
 8:28:54 AM

CHRISTOPHER LESTER (3687)  
 P.O. BOX 1113

DANVILLE, WV 25053  
 (304) 369-6657

Billing message: No message assigned

Trans date	Post date	Facility	Proc/jnl qc	Procedure / journal description	DX1	Provider	Amount	Due
02/28/01	03/16/01	DAY	WCOMP	Workers Compensation		SALDANH	91.32	0.00
02/28/01	03/16/01	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	48.68	0.00
02/28/01	03/01/01	DAY	99203	E&M, NEW PATIENT, LEVEL 3	847.0	SALDANH	140.00	0.00
05/16/01	06/05/01	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	256.72	0.00
05/16/01	06/05/01	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	271.01	0.00
05/16/01	06/05/01	DAY	WCOMP	Workers Compensation		SALDANH	100.00	0.00
05/16/01	06/05/01	DAY	WCOMP	Workers Compensation		SALDANH	178.99	0.00
05/16/01	06/05/01	DAY	WCOMP	Workers Compensation		SALDANH	123.28	0.00
05/16/01	05/17/01	DAY	76005	FLUOROSCOPIC GUIDANCE AND	847.0	SALDANH	100.00	0.00
05/16/01	05/17/01	DAY	64475	INJECTION, ANESTHETIC AGENT;	847.0	SALDANH	450.00	0.00
05/16/01	05/17/01	DAY	64476	INJECTION, ANESTHETIC AGENT;	847.0	SALDANH	380.00	0.00
06/13/01	07/11/01	DAY	WCOMP	Workers Compensation		SALDANH	53.88	0.00
06/13/01	07/11/01	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	84.12	0.00
06/13/01	06/14/01	DAY	20550	INJECTION, TENDON SHEATH, LI:	847.0	SALDANH	138.00	0.00
06/20/01	07/11/01	DAY	UMWA	UMWA Payment		SALDANH	100.00	0.00
06/20/01	07/11/01	DAY	WCOMP	Workers Compensation		SALDANH	178.99	0.00
06/20/01	07/11/01	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	271.01	0.00
06/20/01	07/11/01	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	256.72	0.00
06/20/01	07/11/01	DAY	WCOMP	Workers Compensation		SALDANH	123.28	0.00
06/20/01	06/21/01	DAY	64475	INJECTION, ANESTHETIC AGENT;	847.0	SALDANH	450.00	0.00
06/20/01	06/21/01	DAY	76005	FLUOROSCOPIC GUIDANCE AND	847.0	SALDANH	100.00	0.00
06/20/01	06/21/01	DAY	64476	INJECTION, ANESTHETIC AGENT;	847.0	SALDANH	380.00	0.00
11/05/01	11/28/01	DAY	WCOMP	Workers Compensation		SALDANH	49.98	0.00
11/05/01	11/28/01	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	88.02	0.00
11/05/01	11/12/01	DAY	20550	INJECTION, TENDON SHEATH, LI:	847.0	SALDANH	138.00	0.00
02/25/02	02/26/02	DAY	99213	E&M, ESTAB, LEVEL 3	847.0	SALDANH	65.00	0.00
02/28/02	03/18/02	DAY	WCOMP	Workers Compensation		SALDANH	41.16	0.00
02/28/02	03/18/02	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	23.84	0.00
04/29/02	05/23/02	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	285.36	0.00
04/29/02	05/23/02	DAY	WCOMP	Workers Compensation		SALDANH	164.64	0.00
04/29/02	05/23/02	DAY	WCOMP	Workers Compensation		SALDANH	95.76	0.00
04/29/02	05/23/02	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	4.24	0.00
04/29/02	06/24/02	DAY	WCOMP	Workers Compensation		SALDANH	114.24	0.00
04/29/02	06/24/02	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	265.76	0.00
04/29/02	04/30/02	DAY	64476	INJECTION, ANESTHETIC AGENT;	847.0	SALDANH	380.00	0.00
04/29/02	04/30/02	DAY	64475	INJECTION, ANESTHETIC AGENT;	847.0	SALDANH	450.00	0.00
04/29/02	04/30/02	DAY	76005	FLUOROSCOPIC GUIDANCE AND	847.0	SALDANH	100.00	0.00
06/11/02	06/27/02	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	265.76	0.00
06/11/02	06/27/02	DAY	WCOMP	Workers Compensation		SALDANH	95.76	0.00
06/11/02	06/27/02	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	4.24	0.00
06/11/02	06/27/02	DAY	WCOMP	Workers Compensation		SALDANH	164.64	0.00
06/11/02	06/27/02	DAY	WC ADJ	Workers Compensation Adjustment		SALDANH	285.36	0.00
06/11/02	06/27/02	DAY	WCOMP	Workers Compensation		SALDANH	114.24	0.00
06/11/02	06/13/02	DAY	64475	INJECTION, ANESTHETIC AGENT;	847.0	SALDANH	450.00	0.00
06/11/02	06/13/02	DAY	76005	FLUOROSCOPIC GUIDANCE AND	847.0	SALDANH	100.00	0.00
06/11/02	06/13/02	DAY	64476	INJECTION, ANESTHETIC AGENT;	847.0	SALDANH	380.00	0.00
10/14/02	10/15/02	DAY	99213	E&M, ESTAB, LEVEL 3	847.0	SALDANH	65.00	0.00

500688.048.0002

08/27/2003 07:40 FAX 304 925 3682

CHARLESTON PAIN MGT

002/003

## Patient Ledger History - Detail

CHARLESTON PAIN MANAGEMENT  
 4407 MACCORKLE AVENUE SE  
 CHARLESTON, WV 25364  
 (304) 925-3535

Page: 2  
 08/27/03  
 8:28:54 AM

CHRISTOPHER LESTER (3687)  
 P.O. BOX 1113

DANVILLE, WV 25053  
 (304) 369-6657

Billing message: No message assigned

Trans date	Post date	Facility	Proc/jnl qc	Procedure / journal description	DX1	Provider	Amount	Due
10/31/02	11/04/02	DAYS	WC ADJ	Workers Compensation Adjustment		SALDANH	28.46	0.00
11/07/02	11/25/02	DAYS	WC ADJ	Workers Compensation Adjustment		SALDANH	21.46	0.00
11/07/02	11/25/02	DAYS	WCOMP	Workers Compensation		SALDANH	150.36	0.00
11/07/02	11/25/02	DAYS	WC ADJ	Workers Compensation Adjustment		SALDANH	299.64	0.00
11/07/02	11/25/02	DAYS	WCOMP	Workers Compensation		SALDANH	103.32	0.00
11/07/02	11/25/02	DAYS	WC ADJ	Workers Compensation Adjustment		SALDANH	276.68	0.00
11/07/02	11/25/02	DAYS	WCOMP	Workers Compensation		SALDANH	78.54	0.00
11/07/02	11/08/02	DAYS	76005	FLUOROSCOPIC GUIDANCE AND: 847.0		SALDANH	100.00	0.00
11/07/02	11/08/02	DAYS	64476	INJECTION, ANESTHETIC AGENT: 847.0		SALDANH	380.00	0.00
11/07/02	11/08/02	DAYS	64475	INJECTION, ANESTHETIC AGENT: 847.0		SALDANH	450.00	0.00
12/18/02	01/06/03	DAYS	WCOMP	Workers Compensation		SALDANH	36.54	0.00
12/18/02	01/06/03	DAYS	WC ADJ	Workers Compensation Adjustment		SALDANH	28.46	0.00
12/18/02	12/19/02	DAYS	99213	E&M, ESTAB, LEVEL 3	847.0	SALDANH	65.00	0.00

<u>Totals:</u>	Charge:	5,261.00		
	Payment:	2,195.46	CP:	0.00
	Writeoff:	3,065.54	CW:	0.00
	Patient bal:	0		
	Account bal:	0		

500688.048.0003



**STYLE OF CASE:** Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

**CASE NO:** C-1-01-428

**PERTAIN TO:** Christopher Wayne Lester

**FROM:** Charleston Pain Management Consultants, Inc.  
4407 MacCorkle Avenue SE  
Charleston, WV 25304  
(304) 925-3535

**DELIVER TO:** Mr. Phillip J. Smith  
VORYS, SATTER, SEYMOUR & PEASE, LLP  
Atrium Two, Suite 2100  
221 East Fourth Street  
Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500688017-0001  
THROUGH 500688017-0092.

THE MARKER-HOFF GROUP, INC

13105 NORTHWEST FREEWAY SUITE 300 HOUSTON TEXAS 77040 (T) 713 460 9070 (F) 713 460 6519 800 264 9070

WWW.MARKER-HOFF.COM

LESTER, CHRISTOPHER - SSN:233153340

Page 1 of 2

## Day Surgery Center

4407 MacCorkle Ave. SE  
Charleston, WV 25304

304-925-3535

## Patient History for:

Chart # 3687  
 Patient : LESTER, CHRISTOPHER SSN [REDACTED]-3340  
 Address : P.O. BOX 1113 DOI : 03/10/2000  
 DANVILLE, WV25053 Claim # : 2000046841  
 DOB : [REDACTED]8/1971 Phone # : (304) 369-6657

12/18/2002

## Transcription Note(s):

1. Created By: Kimber D Marcum (12/19/2002 10:46:00 AM)

**FOLLOWUP NOTE:** Mr. Lester presents to us today with continued complaints of cervico dorsal and lumbar pain with numbness radiating into his right lower extremity. He describes his pain as ranging from aching, burning and moderate to severe in nature, aggravated with increased walking and standing, relieved somewhat with rest, application of heat and pain medications. He was seen in our office last month and received a lumbar facet injection, however he cannot recall having this procedure and is uncertain as to whether this benefitted him at that time. He reports, however, that he does not feel that our injection modalities, including lumbar facets and lumbar trigger point injections have alleviated any of his discomfort. Therefore, we do not find indication to proceed with additional injections.

**PFMSH:** Allergies none. He is permanently disabled. Other chronic medical conditions include CVA, seizure disorder and depression.

**CURRENT MEDICATIONS:** OxyContin, Lipitor, Flexeril, Trazadone, Topamax, Effexor, and Aspirin.

**PHYSICAL EXAMINATION:** Blood pressure is stable at 139/84, heart rate is 107, respirations are 14. He is a friendly and cooperative, obese, young white male. He ambulates with a slight limp and uses a cane. He has a normal cervical and limited lumbar range of motion on flexion and extension. His SLR's are negative bilaterally at 90 degrees. He has a moderate amount of bilateral lumbar facet tenderness on exam. His reflexes remain +2 to his upper and lower extremities. His motor strength is 5/5 without gross neuro sensory deficits.

**DIAGNOSIS/PLAN OF TREATMENT:** (847.0) Cervical strain, (721.3) Lumbar spondylosis and (847.2) Chronic lumbar strain.

At this time, we have discharged Mr. Lester from our practice, as we do not feel that further injection modalities will improve his pain or condition. His PCP is to continue with his narcotic administration, as currently being prescribed. However, we do recommend that Mr. Lester have Urine Drug Screens at random on a bi-yearly to yearly basis, as well as pill counts.

12/19/2002

DEC 19 2002

500688.017.0001

LESTER, CHRISTOPHER - SSN:233153340

Page 2 of 2

Thank you for allowing us to participate in the evaluation and care of Mr. Lester, as he will now follow with Madison Medical, PLLC.

**cc: WC / Donna Curry**

**Madison Medical, PLLC**

**Dictated: Hester Hartman, PAC**

Approved By: Francis M Saldanha (12/19/2002 11:17:00 AM)

*DEC 19 2002*

12/19/2002

**500688.017.0002**

DAY SURGERY CENTER  
PATIENT FOLLOWUP VISIT

PATIENT: Christopher W. Lester Sr  
 ADDRESS: 700 Pkwy 1115  
 PT. DOB: Dec. 17-1923  
 INSURANCE: W/C

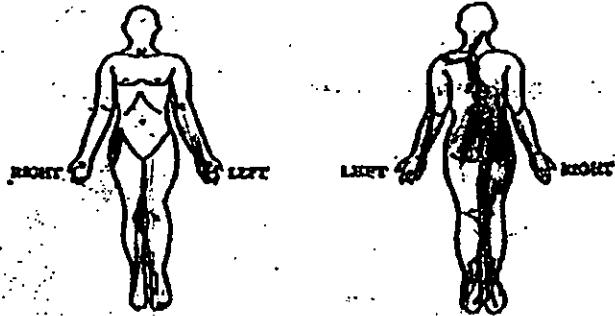
SSN: 123-3340  
 DOB: 9/10/2000  
 CLN: 20000 46841  
 PH: 769 6657  
 DATE: 12/18/02

Routine Follow up

Prescription Refill

New Problem (See Below)

CHIEF AREA OF PAIN:  
(RED)



Aching  Dull  Burning

Mild  Moderate  Severe

Aggravated by: Movement

Relived by: heat / pain meds

CHIEF AREA OF NUMBNESS:  
(BLUE)

ALLERGIES: None

Employment Status:  Working  Retired  SSI  Temporarily Disabled  
 Permanently Disabled

## ASSOCIATED OTHER MEDICAL PROBLEMS:

High Blood Pressure  Diabetes  Angina  Arthritis  Other

## LIST PRESCRIPTION PAIN MEDICATIONS:

Oxyacet-

Aspirin  
Flexacil

## OTHER MEDICATIONS:

Effexor  
Tranquol  
Lidodam

## SEEING OTHER PHYSICIANS? PLEASE LIST:

## NEW PROBLEM? PLEASE DESCRIBE:

BP: 130/84  
Hb: 10.1

100.5

10/16/00

08:13

10/16/00 08:13

TX/RX NO. 4123

P.001

500688.017.0003

**PHYSICIAN AND OFFICE USE ONLY**Physical Exam  N/AAppearance  Friendly  Cooperative  Anxious  DepressedGait:  Limp  Painful  NormalROM:  Cervical  Normal  Decreased Dorsal/Lumbar  Normal  Decreased

S/L/R: N/A (R) Negative (L) Negative (R) +Back &amp; Leg Pain (L) +Back &amp; Leg Pain

Tenderness:

Neck  None  
Back  None  
Other: Moderate  Severe  
 Moderate  Severe

Reflexes:

RUE

NL ↓ ↑

LUE

NL ↓ ↑

RLE

NL ↓ ↑

LLE

NL ↓ ↑

Sensory/Motor:

95

ICD Code/Diagnosis:

Comments/Plan of Treatment:

Dictation:  E/U Request Rx Request Injections Request Labs E/U Letter to Ref. Conference Insurance Attorney

LESTER, CHRISTOPHER - SSN:233153340

Page 1 of 1

## **Day Surgery Center**

**4407 MacCorkle Ave. SE  
Charleston, WV 25304**

**304-925-3535**

### Patient History for:

**Chart # 3687**

Patient : LESTER, CHRISTOPHER SSN [REDACTED] 3340  
Address : P.O. BOX 1113 DOI : 03/10/2000  
DANVILLE, WV25053 Claim # : 2000046841  
DOB [REDACTED] /1971 Phone # : (304) 369-6657

117/2002

**Transcription Note(s):**

1. Created By: Kimber D Marcum (11/7/2002 1:52:00 PM)

Mr. Lester presents to us today for his injection and he had facet injections today. He remains disabled due to his multiple medical problems. He was discharged in good condition, with no further questions. He'll be back for an epidural next month.

**Diagnosis:** Cervical strain (847.0), lumbar spondylosis (721.3) and chronic lumbar strain (847.2).

cc: WC

### FMS/kdm

Approved By: Francis M Saldanha (11/7/2002 2:24:00 PM)

NOV 11 2002

11/7/2002

- 500688.017.0005

LESTER, CHRISTOPHER - SSN:233153340

Page 1 of 1

## **Day Surgery Center**

**4407 MacCorkle Ave. SE  
Charleston, WV 25304**

304-925-3535

## Patient History for:

**Chart # 3687**

Patient : LESTER, CHRISTOPHER SSN : 123-340  
Address : P.O. BOX 1113 DOI : 03/10/2000  
DANVILLE, WV25053 Claim # : 2000046841  
DOB : 12/1971 Phone # : (304) 369-6657

10/14/2002

**Transcription Note(s):**

1. Created By: Kimber D Marcum (10/15/2002 1:57:00 PM)

**FOLLOWUP NOTE:** Mr. Lester presents to us today with continued complaints of cervico dorsal and lumbar pain with numbness radiating into his right lower extremity. He states that in August of this year he had an acute CVA and since that time has been treated for seizure disorder and has been started on Topamax. He describes his pain as ranging from aching, burning and moderate in severity, aggravated with increased walking and standing, relieved somewhat with rest.

**PFMSH:** Allergies none. He is permanently disabled. Other chronic medical conditions include CVA, seizure disorder and depression.

**CURRENT MEDICATIONS:** OxyContin, Lipitor, Flexeril, Trazadone, Topamax, Effexor, and Aspirin.

**PHYSICAL EXAMINATION:** Blood pressure is stable at 118/76, heart rate is 72, respirations are 14. He is friendly and cooperative. He ambulates with a slight limp and uses a cane. He has a normal cervical and lumbar range of motion on flexion and extension. His SLR's are negative bilaterally. He has a moderate amount of bilateral lumbar facet tenderness on exam. His reflexes remain +2 to his upper and +1 to his lower extremities. His motor strength is 5/5 without gross neuro sensory deficits.

**DIAGNOSIS/PLAN OF TREATMENT:** (847.0) Cervical strain, (721.3) Lumbar spondylosis and (847.2) Chronic lumbar strain.

- At this time, we would like to request that Workers' Compensation authorize 2 sessions of lumbar facet injections to be given over the next 8-month period.

Tentatively, he has been scheduled to return to our office in one month for this procedure.

cc: WC / Donna Curry

**Dictated: Hester Hartman, PAC**

Approved By: Francis M Saldanha (10/15/2002 2:16:00 PM)

OCT 17 1977

10/17/2002

500688.017.0006

16/2000 11:00 FAX 304 925 2224 FINANCIALS &amp; BILLING

DAY SURGERY CENTER  
PATIENT FOLLOWUP VISIT

PATIENT: Chris Lester  
 ADDRESS: 200 Bark Rd  
Penny Hill 565  
 PT. DOB: 10-14-71  
 INSURANCE: WIC

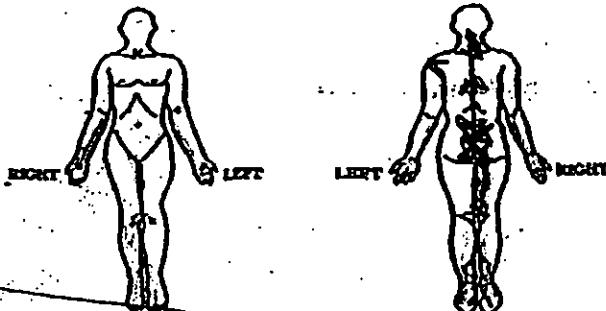
SSN: 3240  
 DOB: 2-10-00  
 CLN: 2000016241  
 PH: 989 6657  
 DATE: 10-14-02

REASON FOR VISIT:  Routine Follow up

Prescription Refill

New Problem (See Below)\*

CHIEF AREA OF PAIN:  
(RED)



QUALITY:  Aching  Dull  Burning

SEVERITY:  Mild  Moderate  Severe

Aggravated by:

Relieved by:

CHIEF AREA OF NUMBNESS:  
(BLUE)

ALLERGIES: None

Employment Status:  Working  Retired  ISSI  Temporarily Disabled  
 Permanently Disabled

ASSOCIATED OTHER MEDICAL PROBLEMS:

High Blood Pressure  Diabetes  Angina  Arthritis  Other

LIST PRESCRIPTION PAIN MEDICATIONS:

Oxycontin

OTHER MEDICATIONS:

Lipitor

Flexeril

Imprada

SEEING OTHER PHYSICIANS? PLEASE LIST:

\*NEW PROBLEM?

PLEASE DESCRIBE:

*BS 11/16/02  
good relief c TMS int/lat  
gad  
J. 1/16/03 2-3 h of relief*

88

800.4

Ex: 10/16/00

10/16/00 08:13

TX/RX NO. 4123

P.001

500688.017.0007

10/2000 0000 121500Z MAR 304 925 2024 FRANCIS M SALDANHA MD

49002/002

**PHYSICIAN AND OFFICE USE ONLY**

## Physical Exam Q & A

Friendly  Cooperative  Anxious  Depressed

Gait:  Limp  Painful  Normal  None

ROM:  Cervical  Normal  Decreased

Dorsal/Lumbar  Normal  Decreased

SIR: N/A (R) Negative (L) Negative (R) +Back & Leg Pain (L) +Back & Leg Pain

**Tenderness:**      **Neck**       **None**       **Moderate**       **Severe**  
**Back**       **None**       **Moderate**       **Severe**  
**Other:**

Reflexes:	RUE	NL	↓	↑
	LUE	NL	↓	↑
	RLE	NL	↓	↑
	LLE	NL	↓	↑

### **Sensory/Motor:**

**ICD Code/Diagnosis**

**Comments/Plan of Treatment:**

Dictation:  X/U  Request Rx  Request Injections  Request Labs  
 X/U Letter to Ref.  Conference  Insurance  Attorney

10/16/00 08:13 TX/RX NO:4123 P.002

500688.017.0008

LESTER, CHRISTOPHER - SSN:233153340

Page 1 of 1

**Day Surgery Center**

**4407 MacCorkle Ave. SE  
Charleston, WV 25304**

**304-925-3535**

---

**Patient History for:**

**Chart # 3687**

**Patient : LESTER, CHRISTOPHER  
Phone # : 3043696657**

**SSN: 233153340  
DOB: 12/1971**

---

**6/11/2002**

**Transcription Note(s):**

1. Created By: Kimber D Marcum (6/12/2002 8:51:00 AM)  
Approved By: Francis M Saldanha (6/12/2002 1:13:00 PM)

**CL#: 2000046841 DOI: 03/10/2000**

Mr. Lester presents to us today for his facet injections. The good news is that these do help him. He of course is disabled from gainful employment due to multiple injuries, but he would like to continue with these treatments if necessary. I have recommended that he come back in 3 months for a re-evaluation and I'll decide at that time if further injections are necessary.

**cc: WC**

**FMS/kdm**

**6/13/2002**

**500688.017.0009**

DAY SURGERY CENTER  
PROGRESS NOTES

CHART # 3687

PATIENT: Christopher Lester SS#: ████████-3340  
ADDRESS: ████████ DOI: 03/10/2000  
CL#: 2000046841  
PT. DOB: ████████ PH#: 304-369-6657

EXAM DATE: April 29, 2002

REQUESTING CONSULTING PHYSICIAN: \_\_\_\_\_

EXAMINING PHYSICIAN: Francis M. Saldanha, MD

**FOLLOWUP NOTE:** Mr. Lester presents to us today for his bilateral lumbar facet joint injection, these were carried out without difficulty or experienced complications and he was discharged in stable condition. We would like to request that Workers' Compensation authorize a 3-month extension for Mr. Lester to receive his last requested lumbar facet injection. Mr. Lester has been tentatively scheduled to return to our office in July for his last session of lumbar facet injections, at which time we will reassess his progress.

*Hester Hartman, PAC*

*Francis M. Saldanha*  
Francis M. Saldanha, MD

D: 04-29-02/HH  
T: 04-30-02/kdm  
cc: WC/Paul Maynard

**FAXED**  
5/2/02

DAY SURGERY CENTER  
PROGRESS NOTES

CHART #3687

PATIENT: CHRISTOPHER LESTER SS#: ████████-3340  
 ADDRESS: \_\_\_\_\_ DOI: 03/10/00  
 PT. DOB: ████████/71 CL#: 2000046841  
 PH: \_\_\_\_\_

EXAM DATE: 02-25-02

REQUESTING CONSULTING PHYSICIAN: \_\_\_\_\_

EXAMINING PHYSICIAN: Francis M. Saldanha, M.D.

**FOLLOW-UP:** Mr. Lester returned today for reevaluation. His last visit was on 11/05/01. I saw him first on 02/28/01. He has had chronic shoulder and back pain following work related injuries. He has suffered from injuries since he fell off a coal truck in March 2000.

**FMFSH:** He has no bladder or bowel dysfunction but has problems with asthma. His workup is fairly extensive and essentially negative for disc herniations. He remains disabled. He is on several medications prescribed by his family physician and they have been listed in his patient information sheet. He has no allergies. Family history is noncontributory.

**PHYSICAL EXAMINATION:** Blood pressure 126/88, heart rate 84, respirations 14. Mr. Lester is friendly and cooperative on exam. He ambulates without much difficulty but uses a cane. He remains fairly obese. He has a significant reduction in his range of motion of the neck and back. There is diffuse facet tenderness. SLR's are negative for severe sciatica on either side. There are no acute focal, motor or sensory deficits. Range of motion of the upper extremities is normal with normal tone, sensory and motor function, etc.

**ASSESSMENT/PLAN OF TREATMENT:** Lumbar facet arthropathy. I request Workers' Compensation Fund to authorize two sessions of lumbar facet joint injections since they have helped him in the past. At this point I have nothing else to offer him and after these two injections we will probably give him a break for the rest of the year. I will proceed with authorization has been obtained.




---

 Francis M. Saldanha, M.D.

FMS/bpa:5584  
 d: 02/25/02  
 t: 02/25/02

cc: Workers' Compensation Fund

3/5/02  
JMS

500688.017.0011

DAY SURGERY CENTER  
PATIENT FOLLOWUP VISIT

PATIENT: (chi.) Leder  
 ADDRESS: 20-24 x 1112  
 PT. DOB: 12-21-21  
 INSURANCE: WIC

SSA: 3340  
 DOB: 2-10-00  
 CLM: \_\_\_\_\_  
 PH: \_\_\_\_\_  
 DATE: 02-25-02

REASON FOR VISIT:  Routine Follow up  Prescription Refill  New Problem (See Below)

CHIEF AREA OF PAIN:  
(RED)

QUALITY:  Aching  Dull  Burning

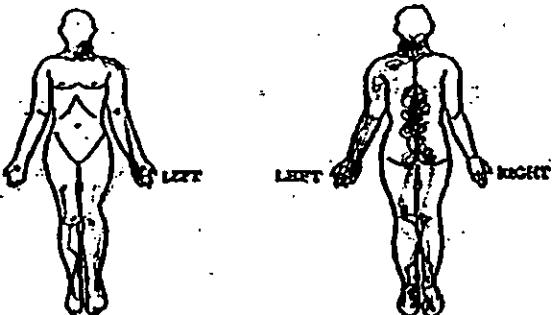
SEVERITY:  Mild  Moderate  Severe

Aggravated by: walking rainy or <sup>WIND</sup>

Relieved by: sitting or lying

CHIEF AREA OF NUMBNESS:  
(BLUE)

ALLERGIES: None



Employment Status:  Working  Retired  SSI  Temporarily Disabled  
 Permanently Disabled

## ASSOCIATED OTHER MEDICAL PROBLEMS:

High Blood Pressure  Diabetes  Angina  Arthritis  Other

## LIST PRESCRIPTION PAIN MEDICATIONS:

Flexeril 40  
Flexeril 10

## OTHER MEDICATIONS:

Flexeril  
Paracet  
Vistaril

## SEEING OTHER PHYSICIANS? PLEASE LIST:

Dr. Snyder Dr. King

## \*NEW PROBLEM?

## PLEASE DESCRIBE:

Constant pain in lower back and legs

124188

**DAY SURGERY CENTER  
PROGRESS NOTES**

**CHART # 3687**

**PATIENT:** Christopher Lester  
**ADDRESS:** P. O. Box 1113  
Danville, WV 25053  
**PT'S DOB:** 1/1/71

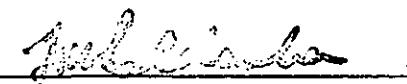
**SS#:** 53340  
**DOI:** 03/10/00  
**CL#:** 2000046841  
**PH#:** 304-369-6657

**EXAM DATE:** November 5, 2001

**REQUESTING CONSULTING PHYSICIAN:** J. Mark Snyder, MD

**EXAMINING PHYSICIAN:** Francis M. Saldanha, MD

**FOLLOWUP:** Christopher Lester is here for his trigger point injections. This is the last treatment. He states there is no doubt that the facet joint injections have given him good relief. I'd like to re-evaluate him in a couple of months and make a decision regarding further treatment at that time. He was discharged in good condition. FMS/las

  
Francis M. Saldanha, MD

D: 11-05-01  
T: 11-05-01

500688.017.0013

**DAY SURGERY CENTER  
PROGRESS NOTES**

**CHART # 3687**

**PATIENT:** Christopher Lester  
**ADDRESS:** P. O. Box 1113  
Danville, WV 25053  
**PT'S DOB:** 1/1/71

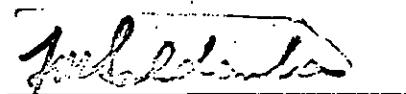
**SS#:** 3340  
**DOI:** 03/10/00  
**CL#:** 2000046841  
**PH#:** 304-369-6657

**EXAM DATE:** June 20, 2001

**REQUESTING CONSULTING PHYSICIAN:** J. Mark Snyder, MD

**EXAMINING PHYSICIAN:** Francis M. Saldanha, MD

**FOLLOWUP:** Christopher Lester is not doing too well overall, but we are trying our best to help him. He had his facet injections performed today and he'll be back in two or three weeks for his final treatment. We'll reassess his progress at that time. FMS/las



**Francis M. Saldanha, MD**

**D:** 06-20-01  
**T:** 06-20-01

DAY SURGERY CENTER  
PROGRESS NOTES

CHART # 3687

PATIENT: Christopher Lester  
ADDRESS: P. O. Box 1113  
Danville, WV 25053  
PT'S DOB: 1/1/71

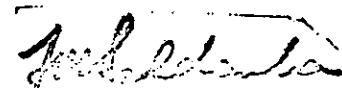
SS#: 3340  
DOI: 03/10/00  
CL#: 2000046841  
PH#: 304-369-6657

EXAM DATE: June 20, 2001

REQUESTING CONSULTING PHYSICIAN: J. Mark Snyder, MD

EXAMINING PHYSICIAN: Francis M. Saldanha, MD

**FOLLOWUP:** Christopher Lester is not doing too well overall, but we are trying our best to help him. He had his facet injections performed today and he'll be back in two or three weeks for his final treatment. We'll reassess his progress at that time. FMS/las



Francis M. Saldanha, MD

D: 06-20-01  
T: 06-20-01